

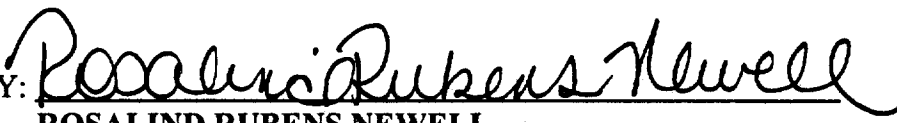
Entered - 08/07/01 - sb
CL01L0500 - DIANNE C. MITCHELL

01-*R*-1370

CLAIM OF: **GEORGIA POWER COMPANY**
96 Annex
Atlanta, Georgia 30396

For damages alleged to have been sustained as a result of a vehicular
accident on December 5, 2000 at 2011 Myrtle Drive, SW.

THIS ADVERSED REPORT IS APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0500

Date: August 8, 2001

Claimant /Victim GEORGIA POWER COMPANY

BY:(Atty.) (Ins. Co.) _____

Address: 96 Annex, Atlanta, Georgia 30396

Subrogation: _____ Claim for Property damage \$ 23,976.00 Bodily Injury \$ _____

Date of Notice: 08/06/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 12/05/00 Place: 2011 Myrtle Drive, SW

Department Public Works Division: Solid Waste Services

Employee involved Victor Dewhart Disciplinary Action: _____

NATURE OF CLAIM: The driver of the City vehicle suffered severe stomach pains, passed out and struck the claimant's utility pole causing damages in the above amount. However, the claim as presented does not comply with the requirements of notice as set forth in O.C.G.A. §36-33-5, the six month statute of limitations expired prior to receipt of the claim.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures X Diagrams _____ Reports: Police X Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 08/10/01

Committee Action: _____ Council Action _____

M. F. Kelly
08/06/01
Jm

Billing Date **07-30-01**

Payment Due Date 08-29-01

ENTERED - 8-7-01 - SB
01L0500 - DIANNE MITCHELL

Office	Item
Month Day Year	

Amount Paid



-R-1370